

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/583061		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2	/		/				52		/				
3		2		/			53		2				
4	/		/				54		2				
5		/		/			55		2				
6		2		/			56		2				
7		2		/			57	/					
8		2		/			58		/				
9		2		/			59	/					
10		2		/			60		/				
11		2		/			61	/					
12		2		/			62	/					
13		2		/			63		/				
14		2		/			64		/				
15	/		/				65		/				
16		/		/			66		/				
17		/		/			67						
18		/		/			68						
19		/		/			69						
20	/		/	/			70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33	/		/				83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42	/		/				92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48	/						98						
49		/					99						
50	/						100						
TOTAL IND.		↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	40	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			47				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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